1137-2D-AUAG

SITE HEALTH AND SAFETY PLAN (*HASP*)

Office: Troy, MI
Site Name: John R Street Site Assessment
Client: U.S. Environmental Protection Agency
Work Location: Highland Park, Michigan
WO#: 20405.012.001.1137.00

SITE HEALTH AND SAFETY PLAN (HASP)

Review and Approval Documentation:

Reviewed by: SO/DSM/CHS	Tonya Balla Name (Print)	 Signature	Date: 10/22/10
Other	 Name (Print)	 Signature	Date:
Approved by: Project Manager	Lori Kozel Name (Print)	 Signature	Date:

Hazard Assessment and Equipment Selection:

In accordance with WESTON's Personal Protective Equipment Program and 29 CFR 1910.132, at the site prior to personnel beginning work, the SHSC and/or the Site Manager have evaluated conditions and verified that the personal protective equipment selection outlined within this HASP is appropriate for the hazards known or expected to exist. (Refer to Safety Officer Manual Section 2, Personal Protection Program, for guidance.)

☒ **FSO**	Lori Kozel Name	 Signature	Date:
☐ **Site Manager**	 Name	 Signature	 Date:
☐ **Environmental Compliance Officer**	 Name	 Signature	Date:
☐ **Dangerous Goods Shipping Coordinator**	 Name	 Signature	Date:

Project start date: October 25, 2010 End date: TBD	This site HASP **must** be **reissued/reapproved** for any activities conducted after: Date: December 31, 2010	Amendment date(s)	By:
		1.	
		2.	
		3.	
		4.	
		5.	

SITE HEALTH AND SAFETY PLAN (HASP)

Prepared by: J. Nutini	W.O. Number: 20405.012.001.1137.00	Date10/20/10

Project Identification

Office: Troy, MI
Site Name: John R Street
Client: U.S. Environmental Protection Agency
Work Location Address: 19159 John R Street, Highland Park, MI 48203

Site History: The property is a former warehouse facility. Past operations on the property are unknown. The property contains one building surrounded by overgrown vegetation and bare soil. A parking lot for the former facility is located west of the property. A chain link fence surrounds the southern portion of the property from the building's south wall to the southern property boundary. The building is in poor condition and there are signs of trespassing. Potential ACM in building materials. Several debris piles and evidence of buried debris.

Scope of Work: Assessment and documentation of potential threats to human health and the environment. Initial air monitoring and sampling in Level C PPE. Collect samples from containers. Collect up to 6 (total) solid or liquid samples for VOC, SVOC, metals PCB, pH and ignitability. Collect up to 4 potentially asbestos containing material samples.

☐ Site visit only; site HASP not necessary. List personnel here and sign off below:

Regulatory Status:

Site regulatory status:

CERCLA/SARA	RCRA	Other Federal Agency
☒ U.S. EPA	☐ U.S. EPA	☐ DOE
☐ State	☐ State	☐ USACE
☐ NPL Site	NRC	☐ Air Force
☐ OSHA	☐ 10 CFR 20	☐ ____

Hazard Communication (Req'd See Attachment D)
☒ 1910 ☒ 1926 ☐ State

Safety Officer Manual (Required to be On-Site)
Based on the Hazard Assessment and Regulatory Status, determine the Standard HASP(s) applicable to this project. Indicate below which Standard HASP will be used and append the appropriate pages of this form along with the Standard Plan.

☐ Stack Test ☐ ____
☐ Air Emissions ☐ ____
☐ Asbestos ☐ ____
☐ Industrial Hygiene ☐ ____
☐ ____ ☐ ____

Review and Approval Documentation:

Reviewed by: SO/DSM/CHS — Tonya Balla (Name Print) _____ (Signature) Date: 10/22/10

Other — _____ (Name Print) _____ (Signature) Date: _____

Approved by: Project Manager — Lori Kozel (Name Print) _____ (Signature) Date: _____

Hazard Assessment and Equipment Selection:

In accordance with WESTON's Personal Protective Equipment Program and 29 CFR 1910.132, at the site prior to personnel beginning work, the SHSC and/or the Site Manager have evaluated conditions and verified that the personal protective equipment selection outlined within this HASP is appropriate for the hazards known or expected to exist. (Refer to Safety Officer Manual Section 2, Personal Protection Program, for guidance.)

☒ **FSO** Lori Kozel (Name) _____ (Signature) Date: _____

☐ **Site Manager** _____ (Name) _____ (Signature) Date: _____

☐ **Environmental Compliance Officer** _____ _____ Date: _____

☐ **Dangerous Goods Shipping Coordinator** _____ (Name) _____ (Signature) Date: _____

Project start date: October 25, 2010 End date: TBD	This site HASP **must** be **reissued/reapproved** for any activities conducted after: Date: December 31, 2010	Amendment date(s) 1. 2. 3.	By:

Vehicle Use Assessment and Selection
Driving is one of the most hazardous and frequent activities for WESTON Employees. The most appropriate type vehicle(s) authorized for use on this project is/are: 1. Personal/Rental car 2. 3. 4.
The following Project Team Member's qualifications and experience in driving these types of vehicles was evaluated and found to be acceptable (indicate vehicle type(s) number next to employee name). 1. Lori Kozel1) 2. Mike Browning (1) 3
The project site was evaluated and a **Traffic Control Plan** ☐ is required ☒ is not required. If required, the **Traffic Control Plan** can be found in Attachment H.

TABLE OF CONTENTS

Section **Page**

ATTACHMENTS

ATTACHMENT A	Chemical Contaminants Data Sheets
ATTACHMENT B	Material Safety Data Sheets
ATTACHMENT C	Safety Procedures/Field Operating Procedures (FLD Ops)
ATTACHMENT D	Hazard Communication Program
ATTACHMENT E	Air Sampling Data Sheets
ATTACHMENT F	Incident Reporting
ATTACHMENT G	AHA Checklist and Environmental Compliance
ATTACHMENT H	Traffic Control Plan
ATTACHMENT I	Audit Forms
ATTACHMENT J	Environmental Health & Safety Inspection Checklist
ATTACHMENT K	Environmental Protection and Sustainability Program Impact Checklist

1. PERSONNEL ON SITE INFORMATION

1.1 WESTON REPRESENTATIVES

Organization/Branch	Name/Title	Address	Telephone
Weston / TMI	Lori Kozel	360 EAST MAPLE ROAD, SUITE R TROY, MICHIGAN 48083	248-658-5012

Roles and Responsibilities:

Lori Kozel is the project manager.

1.2 WESTON SUBCONTRACTORS

Organization/Branch	Name/Title	Address	Telephone
Dynamac	Mike Browning – Senior Project Scientist	360 EAST MAPLE ROAD, SUITE R TROY, MICHIGAN 48083	248-259-4761
	Name: Title:	Street: City: State, Zip:	
	Name: Title:	Street: City: State, Zip:	

Roles and Responsibilities:

Mike Browning will provide field support.

SITE-SPECIFIC HEALTH AND SAFETY PERSONNEL

The Site Field Safety Officer (FSO) for activities to be conducted at this site is: Mike Browning

The FSO has total responsibility for ensuring that the provisions of this Site HASP are adequate and implemented in the field.

Changing field conditions may require decisions to be made concerning adequate protection programs. Therefore, the personnel assigned as FSOs are experienced and meet the additional training requirements specified by OSHA in 29 CFR 1910.120.

Qualifications:

40-hour HAZWOPER training, current 8-hour Refresher, 8-hour FSO training, FA/CPR, fit tested, and current medical clearance.

Designated alternates include: Lori Kozel

1.3 SITE PERSONNEL AND CERTIFICATION STATUS

1.3.1 Weston Employee Certification

Name: Lori Kozel **Title: Senior Project Leader** **Task(s): ALL** **Certification Level or Description:** ☒Medical Current ☒Training Current ☐Fit Test Current (Qual.) ☒Fit Test Current (Quant.)	**Name:** **Title:** **Task(s):** **Certification Level or Description:** ☒Medical Current ☒Training Current ☐Fit Test Current (Qual.) ☒Fit Test Current (Quant.)
Name: Mike Browning **Title: Senior Project Scientist** **Task(s): ALL** **Certification Level or Description:** ☒Medical Current ☒Training Current ☐Fit Test Current (Qual.) ☒Fit Test Current (Quant.)	**Name:** **Title:** **Task(s):** **Certification Level or Description:** ☒Medical Current ☒Training Current ☐Fit Test Current (Qual.) ☒Fit Test Current (Quant.)
Name: **Title:** **Task(s):** **Certification Level or Description:** ☒Medical Current ☒Training Current ☐Fit Test Current (Qual.) ☒Fit Test Current (Quant.)	**Name:** **Title:** **Task(s):** **Certification Level or Description:** ☒Medical Current ☒Training Current ☐Fit Test Current (Qual.) ☒Fit Test Current (Quant.)
Name: **Title:** **Task(s):** **Certification Level or Description:** ☒Medical Current ☒Training Current ☐Fit Test Current (Qual.) ☒Fit Test Current (Quant.)	**Name:** **Title:** **Task(s): Certification Level or Description:** ☒Medical Current ☒Training Current ☐Fit Test Current (Qual.) ☒Fit Test Current (Quant.)
Name: **Title:** **Task(s):** **Certification Level or Description:** ☐Medical Current ☐Training Current ☐Fit Test Current (Qual.) ☐Fit Test Current (Quant.)	**Name:** **Title:** **Task(s):** **Certification Level or Description:** ☐Medical Current ☐Training Current ☐Fit Test Current (Qual.) ☐Fit Test Current (Quant.)
Name: **Title:** **Task(s):** **Certification Level or Description:** ☐Medical Current ☐Training Current ☐Fit Test Current (Qual.) ☐Fit Test Current (Quant.)	**Name:** **Title:** **Task(s):** **Certification Level or Description:** ☐Medical Current ☐Training Current ☐Fit Test Current (Qual.) ☐Fit Test Current (Quant.)

TRAINING CURRENT - Training: All personnel, including visitors, entering the exclusion or contamination reduction zones must have certifications of completion of training in accordance with OSHA 29 CFR 1910, 29 CFR 1926, or 29 CFR 1910.120.

FIT TEST CURRENT - Respirator Fit Testing: All persons, including visitors, entering any area requiring the use or potential use of any negative pressure respirator must have had, as a minimum, a qualitative fit test, administered in accordance with OSHA 29 CFR 1910.134 or ANSI, within the last 12 months. If site conditions require the use of a full-face, negative-pressure, air-purifying respirator for protection from asbestos or lead, employees must have had a qualitative fit test, administered according to OSHA 29 CFR 1910.1001 or 1025/1926, within the last 6 months.

MEDICAL CURRENT - Medical Monitoring Requirements: All personnel, including visitors, entering the exclusion or contamination reduction zones must be certified as medically fit to work and to wear a respirator, if appropriate, in accordance with 29 CFR 1910, 29 CFR 1926/1910, or 29 CFR 1910.120.

The Site Field Safety Officer is responsible for verifying all certifications and fit tests.

SITE PERSONNEL AND CERTIFICATION STATUS

1.3.2 Subcontractor's Health and Safety Program Evaluation

Name of Subcontractor:
Address:

Activities To Be Conducted by Subcontractor:

Evaluation Criteria

Medical program meets OSHA/WESTON criteria ☐ Acceptable ☐ Unacceptable Comments:	Personal protective equipment available ☐ Acceptable ☐ Unacceptable Comments:	On-site monitoring equipment available, calibrated, and operated properly ☐ Acceptable ☐ Unacceptable Comments:
Safe working procedures clearly specified ☐ Acceptable ☐ Unacceptable *Comments:*	Training meets OSHA/WESTON criteria ☐ Acceptable ☐ Unacceptable *Comments:*	Emergency procedures ☐ Acceptable ☐ Unacceptable *Comments:*
Decontamination procedures ☐ Acceptable ☐ Unacceptable Comments:	General health and safety program evaluation ☐ Acceptable ☐ Unacceptable Comments:	Additional comments: ☐ Subcontractor has agreed to and will conform with the WESTON HASP for this project. ☐ Subcontractor will work under his own HASP, which has been accepted by project PM.

Evaluation Conducted by: Certifications for all subcontractors personnel will be added to the HASP prior to beginning work. **Date:**

Subcontractor

Name: **Title:** **Task(s):** **Certification Level or Description:** ☐ Medical Current ☐ Training Current ☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)	**Name:** **Title:** **Task(s):** **Certification Level or Description:** ☐ Medical Current ☐ Training Current ☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant)
Name: **Title:** **Task(s):** **Certification Level or Description:** ☐ Medical Current ☐ Training Current ☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)	**Name:** **Title:** **Task(s):** **Certification Level or Description:** ☐ Medical Current ☐ Training Current ☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

2. HEALTH AND SAFETY EVALUATION

2.1 HEALTH AND SAFETY EVALUATION

2.1.1 Task Hazard Assessment

Background Review: ☐ Complete ☒ Partial If partial why? **Site assessment, limits info provided by U.S. EPA**

Activities Covered Under This Plan:

No.	Task/Subtask	Description	Schedule
1	**Assessment and documentation of site conditions**	**Assessment and screening of building conditions to document threats to human health and the environment. Initial air monitoring in Level C PPE.**	**10/25/10**
2	**Sample collection**	**Collect samples from site containers, soils, or building materials.**	**10/25/10**

Types of Hazards:

Numbers refer to one of the following hazard evaluation forms. Complete hazard evaluation forms for each appropriate hazard class.

Physiochemical 1

- ☒ Flammable
- ☒ Explosive
- ☒ Corrosive
- ☒ Reactive
- ☐ O_2 Rich
- ☐ O_2 Deficient

Chemically Toxic 1

- ☒ Inhalation ☒ Carcinogen
- ☒ Ingestion ☐ Mutagen
- ☒ Contact ☐ Teratogen
- ☒ Absorption
- ☒ OSHA 1910.1000 Substance (Air Contaminants)
- ☒ OSHA Specific Hazard Substance Standard (Refer to following page for listing)

Radiation 3

Ionizing:

- ☐ Internal exposure
- ☐ External exposure

Non-ionizing:

- ☒ UV ☐ IR
- ☐ RF ☐ MicroW
- ☐ Laser

Biological 2

- ☒ Etiological Agent
- ☒ Other (plant, insect, animal)

☐ **Physical Hazards 4**

☐ Construction Activities

Source/Location of Contaminants and Hazardous Substances:

Directly Related to Tasks

- ☒ Air
- ☐ Other Surface
- ☐ Groundwater
- ☒ Soil
- ☐ Surface Water
- ☐ Sanitary Wastewater
- ☐ Process Wastewater
- ☐ Other

Indirectly Related to Tasks — Nearby Process(es) That Could Affect Team Members:

- ☒ Client Facility/WESTON Work Location
- ☐ Nearby Non-Client Facility

Describe:

☒ Have activities (task[s]) been coordinated with facility?

Comments:

U.S. EPA OSC coordinating site access.

HEALTH AND SAFETY EVALUATION

2.1.2 Chemical Hazards of Concern

☐ N/A

Chemical Contaminants of Concern

Provide the data requested for chemical contaminants on HASP Form 25 or attach data sheets from an acceptable source such as NIOSH pocket guide, condensed chemical dictionary, ACGIH TLV booklet, etc. List chemicals and concentrations below and locate data sheets in Attachment B of this HASP.

☐ N/A

Identify hazardous materials used or on-site and attach Material Safety Data Sheets (MSDSs) for all reagent type chemicals, solutions, or other identified materials that in normal use in performing tasks related to this project could produce hazardous substances. Ensure that all subcontractors and other parties working nearby are informed of the presence of these chemicals and the location of the MSDSs. Obtain from subcontractors and other parties, lists of the hazardous materials they use or have on-site and identify location of the MSDSs here. List chemicals and quantities below and locate MSDSs in Attachment B of this HASP.

Chemical Name	Concentration ( )	Chemical Name	Quantity
		Isobutylene (Cal Gas)	100 ppm
Metals	**Unknown**	Mixed Gas (Cal Gas)	50 ppm CO, 25 ppm H_2S, 50ppm Methane, 20.9% O_2
Asbestos	**Unknown**		

OSHA-SPECIFIC HAZARDOUS SUBSTANCES

☒ 1910.1001 Asbestos	☐ 1910.1002 Coal tar pitch volatiles	☐ 1910.1003 4-Nitrobiphenyl, etc.	☐ 1910.1004 alpha-Naphthylamine
☐ 1910.1005 [Reserved]	☐ 1910.1006 Methyl chloromethyl ether	☐ 1910.1007 3,3'-Dichlorobenzidine (and its salts)	☐ 1910.1008 bis-Chloromethyl ether
☐ 1910.1009 beta-Naphthylamine	☐ 1910.1010 Benzidine	☐ 1910.1011 4-Aminodiphenyl	☐ 1910.1012 Ethyleneimine
☐ 1910.1013 beta-Propiolactone	☐ 1910.1014 2-Acetylaminofluorene	☐ 1910.1015 4-Dimethylaminoazobenzene	☐ 1910.1016 N-Nitrosodimethylamine
☐ 1910.1017 Vinyl chloride	☐ 1910.1018 Inorganic arsenic	☐ 1910.1025 Lead (Att. FLD# 46)	☐ 1910.1026 Chromium VI (att. FLD 53)
☐ 1910.1027 Cadmium (Att. 50 FLD)	☐ 1910.1028 Benzene (Att. FLD# 54 or 61)	☐ 1910.1029 Coke oven emissions	☐ 1910.1043 Cotton dust
☐ 1910.1044 1,2-Dibromo-3-chloropropane	☐ 1910.1045 Acrylonitrile	☐ 1910.1047 Ethylene oxide	☐ 1910.1048 Formaldehyde
☐ 1910.1050 Methylenedianiline	☐ 1910.1051 1,3 Butadiene	☐ 1910.1052 Methylene chloride	☐ 1926.60 Methylenedianiline
☐ 1926.62 Lead	☒ 1926.1101 Asbestos (Att. FLD 52)	☐ 1926.1127 Cadmium	

HEALTH AND SAFETY EVALUATION

2.1.3 Biological Hazards of Concern

☒ **Poisonous Plants** (FLD 43-D) Location/Task No(s) **ALL** Source: ☐ Known ☒ Suspect Route of Exposure: ☐ Inhalation ☐ Ingestion ☒ Contact ☐ Direct Penetration Team Member(s) Allergic: ☐ Yes ☒ No Immunization required: ☐ Yes ☒ No	☒ **Insects** (FLD 43-B) Location/Task No(s) **ALL** Source: ☐ Known ☒ Suspect Route of Exposure: ☐ Inhalation ☐ Ingestion ☒ Contact ☒ Direct Penetration Team Member(s) Allergic: ☐ Yes ☒ No Immunization required: ☐ Yes ☒ No
☐ **Snakes, Reptiles** (FLD 43-A) Location/Task No(s) Source: ☐ Known ☐ Suspect Route of Exposure: ☐ Inhalation ☐ Ingestion ☐ Contact ☐ Direct Penetration Team Member(s) Allergic: ☐ Yes ☐ No Immunization required: ☐ Yes ☐ No	☒ **Animals** (FLD 43-A) Location/Task No(s) **ALL** Source: ☐ Known ☒ Suspect Route of Exposure: ☐ Inhalation ☐ Ingestion ☒ Contact ☒ Direct Penetration Team Member(s) Allergic: ☐ Yes ☒ No Immunization required: ☐ Yes ☒ No
FLD 43 — WESTON Biohazard Field Operating Procedures: Att. OP ☐	
☐ **Sewage** Location/Task No(s).: Source: ☐ Known ☐ Suspect Route of Exposure: ☐ Inhalation ☐ Ingestion ☐ Contact ☐ Direct Penetration Team Member(s) Allergic: ☐ Yes ☐ No Immunization required: ☐ Yes ☐ No Tetanus Vaccination within Past 10 yrs: ☐ Yes ☐ No	☒ **Etiologic Agents** (FLD –C) **Mold, Mildew, Fungi** Location/Task No(s).: Source: ☒ Known ☐ Suspect Route of Exposure: ☒ Inhalation ☐ Ingestion ☐ Contact ☐ Direct Penetration Team Member(s) Allergic: ☐ Yes ☒ No Immunization required: ☐ Yes ☒ No
FLD 43-C — Mold and Fungus. Att OP ☒	
FLD 44 — WESTON Bloodborne Pathogens Exposure Control Plan – First Aid Procedures: Att. OP ☒	
FLD 45 — WESTON Bloodborne Pathogens Exposure Control Plan – Working with Infectious Waste: Att. OP ☒	

HEALTH AND SAFETY EVALUATION

2.1.4 Radiation Hazards of Concern

NONIONIZING RADIATION

Task No.	Type of Nonionizing Radiation	Source On-Site	TLV/PEL	Wavelength Range	Control Measures	Monitoring Instrument
1,2	Ultraviolet	Solar			Appropriate clothing/ sunscreen	None
	Infrared	N/A				
	Radio Frequency	N/A				
	Microwave	N/A				
	Laser	N/A				

IONIZING RADIATION

Task No.	Radionuclide	Major Radiations	Radioactive Half-Life (Years)	DAC (µCi/mL)			Surface Contamination Limit	Monitoring Instrument
				D	W	Y		

HEALTH AND SAFETY EVALUATION

2.1.5 Physical Hazards of Concern

Physical Hazard Condition	Physical Hazard	Attach OP	WESTON OP Titles
Loud noise	Hearing loss/disruption of communication	☐	Section 7 0 - ECH&S Program Manual Occupational Noise & HC Program
Inclement weather	Rain/humidity/cold/ice/snow/lightning	☒	FLD02 - Inclement Weather
Steam heat stress	Burns/displaced oxygen/wet working surfaces	☐	FLD03 - Hot Process - Steam
Heat stress	Burns/hot surfaces/low pressure steam	☐	FLD04 - Hot Process - LT3
Ambient heat stress	Heat rash/cramps/exhaustion/heat stroke	☒	FLD05 - Heat Stress Prevention/Monitoring
Cold stress	Hypothermia/frostbite	☒	FLD06 - Cold Stress
Cold/wet	Trench/paddy/immersion foot/edema	☒	FLD02 - Inclement Weather
Confined spaces	Falls/burns/drowning/engulfment/electrocution	☐	FLD08 - Confined Space Entry
Industrial Trucks	Fork Lift Truck Safety	☐	FLD09 – Powered Industrial Trucks
Improper lifting	Back strain/abdomen/arm/leg muscle/joint injury	☐	FLD10 - Manual Lifting/Handling Heavy Objects
Uneven surfaces	Vehicle accidents/slips/trips/falls	☒	FLD11 - Rough Terrain
Poor housekeeping	Slips/trips/falls/punctures/cuts/fires	☒	FLD12 - Housekeeping
Structural integrity	Crushing/overhead hazards/compromised floors	☐	FLD13 - Structural Integrity
Improper cylinder. handling	Mechanical injury/fire/explosion/suffocation	☐	FLD16 - Pressure Systems - Compressed Gases
Water hazards	Poor visibility/entanglement/drowning/cold stress	☐	FLD17 - Diving
Water hazards	Drowning/heat/cold stress/hypothermia/falls	☐	FLD18 - Operation and Use of Boats
Water hazards	Drowning/frostbite/hypothermia/falls/electrocution	☐	FLD19 - Working Over Water
Vehicle hazards	Struck by vehicle/collision	☒	FLD20 - Traffic
Explosions	Explosion/fire/thermal burns	☐	FLD21 - Explosives
Moving mechanical parts	Crushing/pinch points/overhead hazards/electrocution	☐	FLD22 – Earth Moving Equipment
Moving mech. parts	Overhead hazards/electrocution	☐	FLD23 – Cranes, Rigging, and Slings
Working at elevation	Overhead hazards/falls/electrocution	☐	FLD24 - Aerial Lifts/Man lifts
Working at elevation	Overhead hazards/falls/electrocution	☐	FLD25 - Working at Elevation
Working at elevation	Overhead hazards/falls/electrocution/slips	☐	FLD26 - Ladders
Working at elevation	Slips/trips/falls/overhead hazards	☐	FLD27 - Scaffolding
Trench cave-in	Crushing/falling/overhead hazards/suffocation	☐	FLD28 - Excavating/Trenching
Physiochemical	Explosions/fires from oxidizing, flam./corr material	☒	FLD30 - Hazardous Materials Use/Storage
Physiochemical	Fire and explosion	☐	FLD31 - Fire Prevention/Response Plan Required
Physiochemical	Fire	☒	FLD32 - Fire Extinguishers Required
Structural integrity	Overhead/electrocution/slips/trips/falls/fire	☐	FLD33 - Demolition
Electrical	Electrocution/shock/thermal burns	☐	FLD34 - Utilities
Electrical	Electrocution/shock/thermal burns	☐	FLD35 - Electrical Safety
Burns/fires	Heat stress/fires/burns	☐	FLD36 - Welding/Cutting/Brazing/Radiography
Impact/thermal	Thermal burns/high pressure impaction/heat stress	☐	FLD37 - Pressure Washers/Sand Blasting
Impaction/electrical	Smashing body parts/pinching/cuts/electrocution	☒	FLD38 - Hand and Power Tools
Poor visibility	Slips/trips/falls	☒	FLD39 - Illumination
Fire/explosion	Burns/impaction	☐	FLD40 - Storage Tank Removal/Decommissioning
Communications	Disruption of communications	☒	FLD41 - Std. Hand/Emergency Signals
Energy/release	Unexpected release of energy	☐	FLD42 - Lockout/Tag-out
Biological Hazards	Biological Hazards at site	☒	FLD43 - Biological Hazards
Animals	Animals	☒	FLD43A - Animals
Insects	Stinging and Biting Insects	☒	FLD43B - Stinging and Biting Insects
Molds/Fungi	Molds and Fungi	☒	FLD43C - Molds and Fungi
Hazardous Plants	Hazardous Plants	☒	FLD43D - Hazardous Plants
Etiologic Agents	Etiologic Agents	☐	FLD43E - Etiologic Agents

2.1.5 Physical Hazards of Concern (Continued)

Physical Hazard Condition	Physical Hazard	Attach OP	WESTON OP Titles
Infectious Waste	Infectious Waste at site/BBP/ at site/Infectious Waste	☐	FLD45 – Biological Hazards – Bloodborne Pathogens Exposure Control Plan – Work With Infectious Waste
Biological Hazards/BBP	Biological Hazards/BBP at site/First Aid Providers	☒	FLD44 - Biological Hazards – Bloodborne Pathogens Exposure Control Plan – First Aid Providers
Lead Contaminated sites	Lead poisoning	☐	FLD46 - Control of Exposure to Lead
Puncture/cuts	Cuts/ dismemberment/gouges	☐	FLD47 - Clearing, Grubbing and Logging Operations
Not applicable	Not applicable	☐	FLD48 – Federal, State, Local Regulatory Agency Inspections
Not applicable	Exposure to hazardous materials/waste	☒	FLD49 – Safe Storage of Samples
Cadmium	Exposure Control	☐	FLD50 – Cadmium Exposure Control Plan
Process Safety Procedure	Safety Procedure	☐	FLD51 – Process Safety Procedure
Asbestos	Asbestos Exposure	☒	FLD52 – Asbestos Exposure Control Plan
Hexavalent Chromium	Exposure Control Plan	☐	FLD53 – Hexavalent Chromium Exposure Control Plan
Benzene	Exposure Control Plan	☐	FLD54 - Benzene Exposure Control Plan
Hydrofluoric acid	Working with HF	☐	FLD55 – Working with Hydrofluoric Acid
Moving drill rig parts	Crushing/pinch points/overhead hazards/electrocution	☐	FLD56 – Drilling Safety
Vehicles/driving	Accidents,/fatigue/cell phone use	☒	FLD 57 – Motor Vehicle Safety
Improper material handling	Back injury/crushing from load shifts/equipment/tools	☒	FLD 58 – Drum Handling Operations
COC decontamination	COCs/slip,trip, and falls/waste generation/environmental compliance/PPE	☒	FLD59 - Decontamination
Drilling hazards	Electrocution/overhead hazards/pinch points	☐	Environmental Remediation Drilling Safety Guideline - 2005
Fatigue	Long work hours	☒	FLD60 – Employee Duty Schedule
Benzene/Gasoline	Benzene exposure	☒	FLD61 – Gasoline Contaminant Exposure

3. TASK BY TASK ASSESMENT

3.1 TASK-BY-TASK RISK ASSESSMENT

3.1.1 Task 1 Description

TASK 1: Assessment and documentation of site conditions - Assessment and screening of building conditions to document threats to human health and the environment. Initial air monitoring and assessment in Level C PPE. Unknown containers will not be opened during the initial assessment.

EQUIPMENT REQUIRED/USED

Logbook	Cellphone	Rubber booties	Alconox	GME/P100 combo cartridges
Digital Camera	FSO Manual	Nitrile gloves	APR	
Steel toe Boots	MultiRAE	Rubber Overgloves	Decon Plastic Sheeting	
First Aid Kit	Calibration Gases	Duct tape	Garbage bags	
BBP Kit	Tyvek	Decon Water	Ludlum	

POTENTIAL HAZARDS/RISKS

Chemical

☒ Hazard Present Risk Level: ☒ H ☐ M ☐ L

What justifies risk level?

Site contains numbers debris piles and some unknown solids on the Site. Level C PPE-Personnel will monitor hazards of chemicals as they become known. Personnel will work in buddy system at all times.

Physical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level?

Slip, trip, and fall hazards exist due to poor housekeeping. The site building is in poor physical condition and may have asbestos containing building materials. Heat stress possible due to Level C assessment. Use non-sparking tools and stay hydrated. Personnel will use defensive driving techniques when mobbing to and from the site. Personnel will monitor for heat stress and take frequent breaks, as appropriate. Personnel will watch for inclement weather and adapt work schedule, as appropriate.

Biological

☐ Hazard Present Risk Level: ☐ H ☐ M ☐ L

What justifies risk level?

Minimal biological hazards anticipated although mold or insects could be present.

RADIOLOGICAL

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

Non-ionizing radiation will be present in the form of sunlight. Site personnel should be aware of the hazards and take proper precautions for overexposure. Precautions include sunscreen, working in the shade when possible, taking breaks in the shade, and wearing a hat for head and face protection. Hazards minimal due to time of year.

LEVELS OF PROTECTION/JUSTIFICATION

S te personnel will perform initial Site air monitoring and assessment in Level C PPE. PPE will be worn to help avoid contact with potential biological hazards, to prevent exposure to chemical reagents in drums and containers and to prevent exposure to other related hazards.

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

A l work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

3.1 TASK-BY-TASK RISK ASSESSMENT

3.1.2 Task 2 Description

TASK 2: Container, soil and debris sample collection – Collect up to six samples (total) of solid or liquid waste and up to 4 potentially asbestos containing material samples for the purpose of documenting the unknown threat to human health and the environment. Level C PPE.

EQUIPMENT REQUIRED/USED

Logbook	Cellphone	Rubber booties	Alconox	Micro R
Digital Camera	FSO Manual	Nitrile gloves Rubber Overgloves	MSA Ultra Twin APR	pH paper
Steel toe Boots Non-sparking tools	MultiRAE	Sample Jars	Decon Plastic Sheeting	GME/P100 combo cartridges
First Aid Kit	Calibration Gases	Duct tape	Garbage bags	
BBP Kit	Tyvek	Decon Water	Bailers	
Logbook	Cellphone	Rubber booties	Alconox	

POTENTIAL HAZARDS/RISKS

Chemical

☒ Hazard Present Risk Level: ☒ H ☐ M ☐ L

What justifies risk level?

Site contains numbers debris piles and some unknown solids on the Site. Level C PPE-Personnel will monitor hazards of chemicals as they become known. Personnel will work in buddy system at all times.

Physical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level?

Slip, trip, and fall hazards exist due to poor housekeeping. The site building is in poor physical condition and may have asbestos containing building materials. Heat stress possible due to Level C assessment. Use non-sparking tools and stay hydrated. Personnel will use defensive driving techniques when mobbing to and from the site. Personnel will monitor for heat stress and take frequent breaks, as appropriate. Personnel will watch for inclement weather and adapt work schedule, as appropriate.

Biological

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

Mold or insects could be present in the building.

RADIOLOGICAL

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

Non-ionizing radiation will be present in the form of sunlight. Site personnel should be aware of the hazards and take proper precautions for overexposure. Precautions include sunscreen, working in the shade when possible, taking breaks in the shade, and wearing a hat for head and face protection.

LEVELS OF PROTECTION/JUSTIFICATION

Site personnel will perform initial Site air monitoring and assessment in Level C PPE. PPE will be worn to help avoid contact with potential biological hazards, to prevent exposure to chemical reagents in drums and containers and to prevent exposure to other related hazards.

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

3.2 PERSONNEL PROTECTION PLAN

Engineering Controls
Describe Engineering Controls used as part of Personnel Protection Plan:

Task(s)

Administrative Controls
Describe Administrative Controls used as part of Personnel Protection Plan:

Task(s)
1 During initial Site assessment, START will be in Level C PPE.
2 During sample collection, START will be in Level C PPE.

Personal Protective Equipment
Action Levels for Changing Levels of Protection. Refer to HASP Form 13, Site Air Monitoring Program—Action Levels. Define Action Levels for up or down grade for each task:

Task(s)
1 During initial Site assessment, START will be in Level C PPE.
2 During sample collection, START will be in Level C PPE.

Description of Levels of Protection

Level D		Level D Modified
Task(s):		**Task(s):**
☒ Head	Hard hat	☐ Head
☒ Eye and Face	Safety glasses	☐ Eye and Face
☐ Hearing		☐ Hearing
☐ Arms and Legs Only		☐ Arms and Legs Only
☐ Appropriate Work Uniform		☐ Whole Body
☐ Hand – Gloves		☐ Apron
☒ Foot - Safety Boots	Steel toed boots	☐ Hand - Gloves
☐ Fall Protection		☐ Gloves
☐ Flotation		☐ Gloves
☐ Other		☐ Foot - Safety Boots
		☐ Over Boots

3.3 DESCRIPTION OF LEVELS OF PROTECTION

Level C		Level B
Task(s): 1,2	**Task(s):**	**Task(s):**
☒ Head	☒ Head	☐ Head
☐ Eye and Face	☐ Eye and Face	☐ Eye and Face
☐ Hearing	☐ Hearing	☐ Hearing
☐ Arms and Legs Only	☐ Arms and Legs Only	☐ Arms and Legs Only
☒ Whole Body	☒ Whole Body	☐ Whole Body
☐ Apron	☐ Apron	☐ Apron
☒ Hand – Gloves	☒ Hand - Gloves	☐ Hand - Gloves
☐ Gloves	☐ Gloves	☐ Gloves
☐ Gloves	☐ Gloves	☐ Gloves
☒ Foot - Safety Boots	☒ Foot - Safety Boots	☐ Foot - Safety Boots
☒ Outer Boots	☒ Outer Boots	☐ Outer Boots
☐ Boots (Other)	☐ Boots (Other)	☐ Boots (Other)
☐ Half Face	☐ SAR - Airline	☐ SAR - Airline
☐ Cart./Canister	☐ SCBA	☐ SCBA
☒ Full Face	☐ Comb. Airline/SCBA	☐ Comb. Airline/SCBA
☒ Cart./Canister	☐ Cascade System	☐ Cascade System
☐ PAPR	☐ Compressor	☐ Compressor
☐ Cart./Canister	☐ Fall Protection	☐ Fall Protection
☐ Type C	☐ Flotation	☐ Flotation
☐ Fall Protection	☐ Other	☐ Other
☐ Flotation		
☐ Other		

4. MONITORING PROGRAM

4.1 SITE OR PROJECT HAZARD MONITORING PROGRAM

4.1.1 Air Monitoring Instruments

Instrument Selection and Initial Check Record

Reporting Format: ☐ Field Notebook ☐ Field Data Sheets* ☐ Air Monitoring Log ☐ Trip Report ☐ Other

Instrument	Task No.(s)	Number Required	Number Received	Checked Upon Receipt	Comment	Initials
☒ **RAD**				☐		
☐ GM (Pancake)				☐		
☒ NaI (Micro R)	1,2	1	1	☒		JE
☐ ZnS (Alpha Scintillator)				☐		
☐ Other _____				☐		
☒ **PID**				☐		
☐ MiniRAE				☐		
☒ MultiRAE (LEL/O2/H2S/CO/PID)	1,2	1	1	☒		JE
☐ TVA 1000 (PID/FID)				☐		
☐ Other _____				☐		
☐ **FID**						
☐ TVA 1000 (FID/PID)				☐		
☐ Other _____				☐		
☐ **PDR 1000 (Particulate)**				☐		
☐ **Single Gas Meter (SGM)**				☐		
Specify Chemical: CL2, HCN, NH3				☐		
☐ ***Personal Sampling Pump***				☐		
Specify Media:				☐		
☐ Bio-Aerosol Monitor				☐		
☐ Detector Tube Pump: Draeger				☐		
Specify (MSA, Dräeger, Sensidyne)						
☐ Tubes/type:						
☐ Tubes/type:						
☐ Tubes/type: _____						
☐ Tubes/type: _____						

4.1 SITE OR PROJECT HAZARD MONITORING PROGRAM

4.1.1 Air Monitoring Instruments Calibration Record

Instrument, Mfg., Model, Equip. ID No.	Date	Time	Calib. Material	Calib. Method Mfg.'s	Other	Initial Setting and Reading	Final Setting and Reading	Calibrator's Initials

4.2 SITE AIR MONITORING PROGRAM

Action Levels

These Action Levels, if not defined by regulation, are some percent (usually 50%) of the applicable PEL/TLV/REL. That number must also be adjusted to account for instrument response factors.

	Tasks	Action Level		Action
☒ **Explosive atmosphere**	1,2	Ambient Air Concentration	Confined Space Concentration	
		<10% LEL	0 to 1% LEL	Work may continue. Consider toxicity potential.
		10 to 25% LEL	1 to 10% LEL	Work may continue. Increase monitoring frequency.
		>25% LEL	>10% LEL	Work must stop. Ventilate area before returning.
☒ **Oxygen**	1,2	Ambient Air Concentration	Confined Space Concentration	
		<19.5% O_2	<19.5% O_2	Leave area. Re-enter only with self-contained breathing apparatus.
		19.5% to 25% O_2	19.5% to 23.5% O_2	Work may continue. Investigate changes from 21%.
		>25% O_2	>23.5% O_2	Work must stop. Ventilate area before returning.
☒ **Radiation**	1, 2	< 3 times background		Continue work.
		3 times background to < 1 mR/hour		Radiation above background levels (normally 0.01-0.02 mR/hr) signifies possible radiation source(s) present. Continue investigation with caution. Perform thorough monitoring. Consult with a Health Physicist.
		> 1 mrem/hour		Potential radiation hazard. Evacuate site. Continue investigation only upon the advice of Health Physicist.
☒ **Organic gases and vapors**	1, 2	0.5ppm or above in breathing zone – level B Outside and Less than 0.5 ppm – level D If evidence of benzene – use benzene action levels. If pH tests or labeling indicates, acids/bases, monitor with draeger tubes.		Other identified flammable liquids or acids could change action levels – check with H&S personnel as appropriate
☐ **Inorganic gases, vapors, and particulates**				

4.3 ACTION LEVELS

(Attach action level calculations)

5. HOSPITAL INFORMATION

5.1 CONTINGENCIES

5.1.1 Emergency Contacts and Phone Numbers

Agency	Contact	Phone Number
WorkCare WESTON Medical Director WorkCare WESTON Program Administrator	**Dr. Peter Greaney** **Michelle Bui**	**From 6 am to 4:30 pm Pacific Time** call 800-455-6155 dial 0 or extension 175, Michelle Bui to request the on-call clinician.
After-Business Hours Contact (In Case of Emergency Only)		**4:31 p.m. – 5:59 a.m. Pacific Time, all day Saturday, Sunday and Holidays** call 800-455-6155 Dial 3 to reach the after-hours answering service. Request that the service connect you with the on-call clinician or the on-call clinician will return your call within 30 minutes.
WESTON Corporate Environmental Health & Safety Director	**Owen B. Douglass, Jr.**	**610.701.3065** **610.506.5392 (cell)**
WESTON Medical Programs Manager	**Owen B. Douglass, Jr.**	**610.701.3065** **610.506.5392 (cell)**
WESTON Health & Safety Division Safety Manager	Ted Deecke	847.337.4147
WESTON Health & Safety Local Safety Officer	Tonya Balla	847.528.2623
Fire Department	Detroit Fire Dept.	911
Police Department	City of Detroit	911
WESTON FSO Cell Phone	Lori Kozel	586-524-0613
WESTON PM Cell Phone	Lori Kozel	586-524-0613
Client Site Phone	Jon Gulch	734.740.9013
Site Telephone		
Nearest Telephone		
Poison Control		**(800) 222-1222**

Local Medical Emergency Facility(s)

Name of Hospital: Sinai-Grace Hospital		
Address: 6071 W Outer Drive, Detroit, MI		Phone No.: 313-966-3300
Name of Contact: Emergency Room		Phone No.:
Type of Service: ☐ Physical trauma only ☐ Chemical exposure only ☒ Physical trauma and chemical exposure ☒ Available 24 hours	**Route to Hospital:** **(See Attached)**	**Travel time from site:** 15 minutes **Distance to hospital:** 5 miles **Name/no. of 24-hr ambulance service:** 911

Secondary or Specialty Service Provider

Name of Hospital:	
Address:	Phone No.:
Name of Contact:	Phone No.:

Type of Service:	Route to Hospital (see attached):	Travel time from site:
☐ Physical trauma only ☐ Chemical exposure only ☐ Physical trauma and chemical exposure ☐ Available 24 hours		Distance to hospital: Name/no. of 24-hr ambulance service: /

See reporting an incident in Attachment F.

5.1.2 Hospital Map

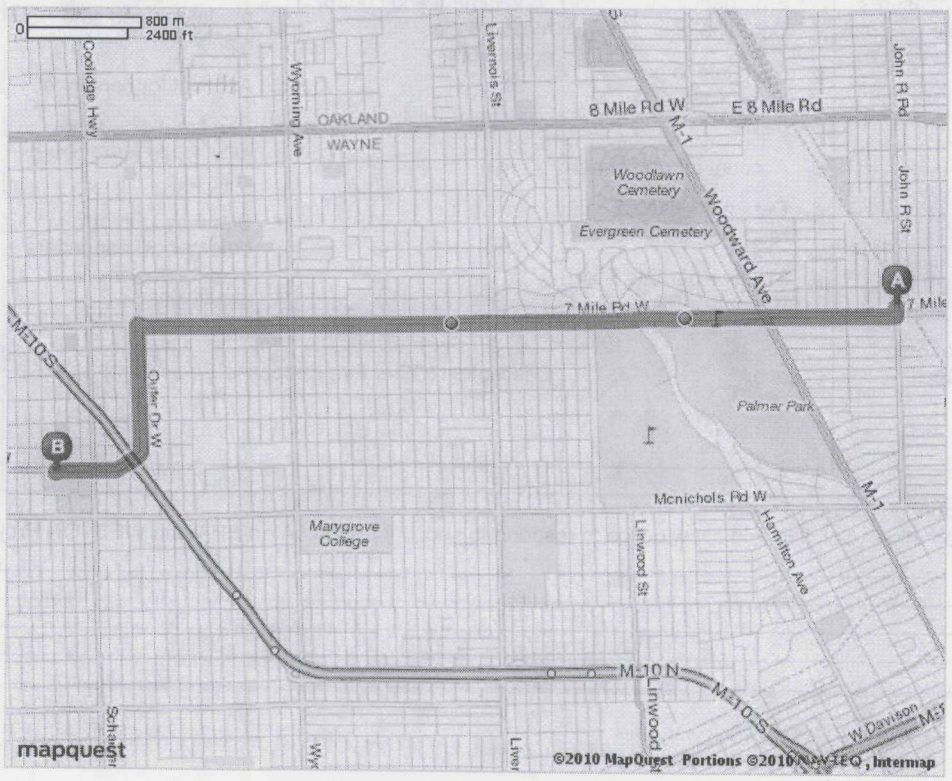
19159 John R St, Highland Park, MI 48203-1658

START	1. Start out going SOUTH on JOHN R ST toward 7 MILE RD E.		go 0.0 mi
	2. Turn RIGHT onto 7 MILE RD W.		go 3.7 mi
	3. Turn RIGHT onto OUTER DR W.		go 0.0 mi
	4. Make a U-TURN onto OUTER DR W.		go 1.1 mi
	5. Turn LEFT onto STANSBURY ST.	Map	go 0.0 mi
END	6. 6071 W OUTER DR.		go 0.0 mi

Sinai-Grace Hospital - (313) 966-3300
6071 W Outer Dr, Detroit, MI 48235

Total Travel Estimate : 4.95 miles - about 15 minutes

Route Map Hide



5.1 CONTINGENCIES

5.1.3 Response Plans

Medical - General	First Aid Kit: ☒ Yes ☐ No	**Type**	**Location**	Special First-Aid Procedures: Cyanides on-site ☐ Yes ☒ No
Provide first aid, if trained; assess and determine need for further medical assistance. Transport or arrange for transport after appropriate decontamination.	Blood Borne Pathogens Kit: ☒ Yes ☐ No	Standard *20-man and* infection control kit	In Vehicle	If yes, contact LMF. Do they have antidote kit? ☐ Yes ☐ No
	Eyewash required ☒ Yes ☐ No	**Type**	**Location**	**HF** on-site ☐ Yes ☐ No If yes, need neutralizing ointment for first-aid kit. Contact LMF.
	Shower required ☐ Yes ☒ No	**Type**	**Location**	

Plan for Response to Spill/Release		**Plan for Response to Fire/Explosion**		**Fire Extinguishers**
In the event of a spill or release, ensure safety, assess situation, and perform containment and control measures, as appropriate.	a. Cleanup per MSDSs if small; or sound alarm, call for assistance, notify Emergency Coordinator b. Evacuate to pre-determined safe place c. Account for personnel d. Determine if team can respond safely e. Mobilize per Site Spill Response Plan	In the event of a fire or explosion, ensure personal safety, assess situation, and perform containment and control measures, as appropriate:	a. Sound alarm and call for assistance, notify Emergency Coordinator b. Evacuate to predetermined safe place c. Account for personnel d. Use fire extinguisher only if safe and trained in its use e. Stand by to inform emergency responders of materials and conditions	Type/Location ABC/Vehicle / / / / / /
Description of Spill Response Gear	Location	Description (Other Fire Response Equipment)		Location

Plan to Respond to Security Problems
Avoid confrontation. Call 911 and allow police to respond to security issues. Alert EPA and WESTON Project and Safety Personnel.

6. DECONTAMINATION PLAN

6.1 GENERAL DECONTAMINATION PLAN

Personnel Decontamination

Consistent with the levels of protection required, step-by-step procedures for personnel decontamination for each level of protection are attached.

Levels of Protection Required for Decontamination Personnel

The levels of protection required for personnel assisting with decontamination will be:

☐ Level B ☒ Level C ☐ Level D

Modifications include:

Disposition of Decontamination Wastes

Provide a description of waste disposition including identification of storage area, hauler, and final disposal site, if applicable

All decontamination wastes generated during these tasks will be staged and disposed of by the site Safety Officer.

Equipment Decontamination

A procedure for decontamination steps required for non-sampling equipment and heavy machinery follows:

Full face Masks will be decontaminated with an alcohol wipe after removal on the decon line, decon rinse with a manufacturer approved disinfectant rinse should take place at the end of each shift when multiple entries are made during the shift.

Non-sampling equipment that requires decontamination will be wiped down with a paper towel soaked in an alconox/water solution and rinsed with a water rinse.

Sampling Equipment Decontamination

Sampling equipment will be decontaminated in accordance with the following procedure:

All non-disposable equipment used by WESTON personnel will be washed with an alconox/water solution, rinsed with water and allowed to air dry.

6.2 LEVEL D DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	*Description of Process, Solution, and Container*
☒ Segregated equipment drop	Drop equipment in a designated decon area for decontamination
☐ Boot cover and glove wash	
☐ Boot cover and glove rinse	
☐ Tape removal - outer glove and boot	
☒ Boot cover removal	If worn then dispose with trash
☒ Outer glove removal	If worn then dispose with trash
HOTLINE	
☐ Suit/safety boot wash	
☐ Suit/boot/glove rinse	
☐ Safety boot removal	
☒ Suit removal	If worn then dispose with trash
☐ Inner glove wash	
☐ Inner glove rinse	
☐ Inner glove removal	
☐ Inner clothing removal	
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
☒ Field wash	Wash hands and face with soap and water as soon as possible and before eating or drinking or other hand to mouth activity
☐ Redress	

Disposal Plan, End of Day:
At the end of the day the trash bag with PPE or disposable sampling equipment will be closed up and staged in a secure area.

Disposal Plan, End of Week:

Disposal Plan, End of Project:
Material will be disposed of by facility or contractor in an appropriately permitted landfill, if necessary.

6.3 LEVEL C DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
☒Segregated equipment drop	Drop equipment in a designated decon area for decontamination
☒Boot cover and glove wash	Remove any excess material generated during the installation activities
☐Boot cover and glove rinse	
☐Tape removal - outer glove and boot	
☒Boot cover removal	If necessary and place in a trash bag
☒Outer glove removal	If necessary and place in a trash bag
HOTLINE	
☒Suit/safety boot wash	Alconox wash if visible contamination present
☒Suit/boot/glove rinse	Alconox wash if visible contamination present
☒Safety boot removal	Place in a trash bag
☒Suit removal	If necessary and place in a trash bag
☐Inner glove wash	
☐Inner glove rinse	
☒APR	Decontaminate
☒Inner glove removal	If necessary and place in a trash bag
☐Inner clothing removal	
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
☐Field wash	Wash hands and face4 with soap and water as soon as possible and before eating or drinking or other hand to mouth contact
☐Redress	

Disposal Plan, End of Day:

At the end of the day, the trash bags with the PPE will be closed and staged in a secure area.

Disposal Plan, End of Week:

Disposal Plan, End of Project:

Material will be disposed of in an appropriately permitted landfill.

7. TRAINING AND BRIEFING TOPICS/SIGN OFF SHEET

7.1 TRAINING AND BRIEFING TOPICS

The following items will be covered at the site-specific training meeting, daily or periodically.

☒ Site characterization and analysis, Sec. 3.0, 29 CFR 1910.120 I	☐ Level A
☐ Physical hazards, HASP Form 07	☐ Level B
☒ Chemical hazards, HASP Form 04	☒ Level C
☒ Animal bites, stings, and poisonous plants	☒ Level D
☒ Etiologic (infectious) agents	☒ Monitoring, 29 CFR 1910.120 (h)
☒ Site control, 29 CFR 1910.120 d	☒ Decontamination, 29 CFR 1910.120 (k)
☐ Engineering controls and work practices, 29 CFR 1910.120 (g)	☒ Emergency response, 29 CFR 1910.120 (l)
☐ Heavy machinery	☒ Elements of an emergency response, 29 CFR 1910.120 (l)
☐ Forklift	☒ Procedures for handling site emergency incidents, 29 CFR 1910.120 (l)
☐ Backhoe	☐ Off-site emergency response, 29 CFR 1910.120 (l)
☒ Equipment	☒ Handling drums and containers, 29 CFR 1910.120 (j)
☒ Tools	☒ Opening drums and containers
☐ Ladder, 29 CFR 1910.27 (d)/29 CFR 1926	☐ Electrical material handling equipment
☐ Overhead and underground utilities	☐ Radioactive waste
☐ Scaffolds	☐ Shock-sensitive waste
☐ Structural integrity	☐ Laboratory waste packs
☐ Unguarded openings - wall, floor, ceilings	☒ Sampling drums and containers
☐ Pressurized air cylinders	☐ Shipping and transport, 49 CFR 172.101, IATA
☒ Personal protective equipment, 29 CFR 1910.120 (g); 29 CFR 1910.134	☐ Tank and vault procedures
☒ Respiratory protection, 29 CFR 1910.120 (g); ANSI Z88.2	☐ Illumination, 29 CFR 1910.120 (m)
☐ Working over water FLD-19	☐ Sanitation, 29 CFR 1910.120 (n)
☐ Boating safety FLD-18	☒ Cold stress
☒ Heat Stress	☐
☒ Proper lifting techniques	☐

7.2 HEALTH AND SAFETY PLAN APPROVAL/SIGNOFF FORM

Site Name: John R Street Site Assessment	**WO#:** 20405.012.001.1137.00
Address: 19159 John R Street, Highland Park, Michigan	
I understand, agree to, and will conform with the information set forth in this Health and Safety Plan (and attachments) and discussed in the personnel health and safety briefing(s).	

Name	Signature	Date
Michael Browning	Michael J Browning	10/25/10
John Rogers EPA		10-25-10
Jon Gulch EPA		10/25/10

ATTACHMENT A
CHEMICAL CONTAMINANTS DATA SHEETS

Insert sheets on following page

MATERIAL SAFETY DATA SHEETS

(ATTACH MSDSS)

Insert documents on following page.

ATTACHMENT C

SAFETY PROCEDURES/FIELD OPERATING PROCEDURES (FLD OPS)

Insert documents on following page.

ATTACHMENT D
HAZARD COMMUNICATION PROGRAM

SITE-SPECIFIC HAZARD COMMUNICATION PROGRAM

Location-Specific Hazard Communication Program/Checklist

To ensure an understanding of and compliance with the Hazard Communication Standard, WESTON will use this checklist/document (or similar document) in conjunction with the WESTON Written Hazard Communication Program as a means of meeting site- or location-specific requirements.

While responsibility for activities within this document reference the WESTON Safety Officer (SO), it is the responsibility of all personnel to effect compliance. Responsibilities under various conditions can be found within the WESTON Written Hazard Communication Program.

To ensure that information about the dangers of all hazardous chemicals used by WESTON are known by all affected employees, the following Hazard Communication Program has been established. All affected personnel will participate in the Hazard Communication Program. This written program, as well as WESTON's Corporate Hazard Communication Program, will be available for review by any employee, employee representative, representative of OSHA, NIOSH, or any affected employer/employee on a multi-employer site.

☐ Site or other location name/address: Internation Transmission / Detroit Oil 8557 Dearborn Street Detroit Michigan

☐ Site/Project/Location Manager: Lori Kozel

☐ Site/Location Safety Officer: Lori Kozel

☐ List of chemicals compiled, format: ☒ HASP ☐ Other: _____

☐ Location of MSDS files: HASP

☐ Training conducted by: Name: _____ Date: _____

☐ Indicate format of training documentation: ☐ Field Log: ☐ Other: _____

☐ Client briefing conducted regarding hazard communication: _____

☐ If multi-employer site (client, subcontractor, agency, etc.), indicate name of affected companies:

_____

☐ Other employer(s) notified of chemicals, labeling, and MSDS information: _____

☐ Has WESTON been notified of other employer's or client's hazard communication program(s), as necessary? ☐ Yes ☐ No

List of Hazardous Chemicals

A list of known hazardous chemicals used by WESTON personnel must be prepared and attached to this document or placed in a centrally identified location with the MSDSs. Further information on each chemical may be obtained by reviewing the appropriate MSDS. The list will be arranged to enable cross-reference with the MSDS file and the label on the container. The SO or Location Manager is responsible for ensuring the chemical listing remains up-to-date.

Container Labeling

The WESTON SO will verify that all containers received from the chemical manufacturer, importer, or distributor for use on-site are clearly labeled.

The SO is responsible for ensuring that labels are placed where required and for comparing MSDSs and other information with label information to ensure correctness.